



Breast Prostheses and Reconstruction

A guide for women affected by breast cancer

Practical
and support
information

Cancer Council Helpline

13 11 20

www.cancercouncil.com.au

Breast Prostheses and Reconstruction

A guide for women affected by breast cancer

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Note to reader

Always consult your doctor about matters that affect your health. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for medical, legal or financial advice. You should obtain appropriate independent professional advice relevant to your specific situation and you may wish to discuss issues raised in this book with them.

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Cancer Council NSW

Cancer Council is the leading cancer charity in NSW. It plays a unique and important role in the fight against cancer through undertaking high-quality research, advocating on cancer issues, providing information and services to the public and people with cancer, and raising funds for cancer programs. This booklet is funded through the generosity of the people of NSW. To make a donation to help defeat cancer, visit Cancer Council's website at www.cancerCouncil.com.au or phone 1300 780 113.



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Introduction

This booklet is for women who have had a partial or complete removal of one or both breasts (mastectomy). The surgery may have been because of cancer or to prevent cancer.

For many women, breasts symbolise femininity, motherhood and sexual attractiveness. Losing part or all of a breast may affect a woman's body image or confidence.

Before or after a mastectomy, you may think about getting a breast prosthesis or having a breast reconstruction. A prosthesis is an artificial breast worn inside a bra. It is also called a breast form. A reconstruction is a surgical procedure used to create a permanent breast using your own tissue and skin, and/or an implant.

This booklet aims to help you understand both options. It covers the process for accessing them, costs and follow-up care. It also includes lists of possible advantages and disadvantages, which may be helpful in your decision-making process. However, every woman's needs are different, so the importance you assign to each factor is personal.

Read the parts of this booklet that are useful to you and check the glossary for explanations of unfamiliar medical words.

For simplicity we mainly refer to 'breast prosthesis', 'breast form' and 'breast reconstruction' in the singular, but we acknowledge that some women have both breasts removed and need to consider getting two prostheses or a bilateral (double) reconstruction.



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Key questions

Q: What is a breast prosthesis?

A: A breast prosthesis (plural: prostheses) is a synthetic breast or part of a breast that gives the appearance of a real breast when worn in a bra or under clothing. The manufacturers usually call them breast forms. Prostheses can be used after the full removal of a breast (mastectomy) or after partial removal (lumpectomy or breast-conserving surgery).

Most breast prostheses have the weight, shape and feel of a natural breast, and they can be attached directly onto the skin or inserted into specially-made pockets in bras, swimwear and nightdresses.

Q: What is a breast reconstruction?

A: A breast reconstruction is a type of surgery in which a breast shape is created using either a silicone or saline implant, or your own skin, muscle and fat from another part of your body such as your back or tummy (abdomen). Sometimes the reconstructed breast is called a breast mound.

You may choose to have a breast reconstruction at the time of the mastectomy or later.

Although the aim of surgery is to make a breast that looks as natural as possible, the reconstructed breast (and nipple, if created) will not look or feel exactly the same as a natural breast. However, many women who have a breast reconstruction are pleased with the result.

Some facts about reconstructed breasts

- The breast won't have much or any sensation, as the nerves will be damaged during the mastectomy.
 - A breast reconstructed using an implant won't change in size over time (for example
 - You can't breastfeed a baby with a reconstructed breast, as it won't produce milk.
- due to hormones or weight changes). However, a breast made with your own tissue may change shape and size.

Q: Do I need to have a prosthesis or a reconstruction?

A: Deciding whether or not to wear a prosthesis or get a reconstruction after surgery is a personal decision. Reactions to the loss of a breast or breasts vary from woman to woman. Only you can choose what feels right.

You may prefer not to make the decision immediately. Unless you are considering having a reconstruction at the same time as the mastectomy, there is no time limit on when you must decide. Take the time you need to consider your options.

Some women decide against having a reconstruction or a prosthesis. For example, if you had breast-conserving surgery, you may feel that your breast shape didn't change much. However, there may be a number of reasons why women who have had a mastectomy sometimes choose to use a full or partial breast prosthesis or have a reconstruction.

Replacing the weight of the lost breast

When a natural breast is removed, the body is no longer balanced. This can cause a slight curving of the spine and a drop of the shoulder on the affected side. These changes may lead to lower back and neck pain over time. A prosthesis or reconstruction can help to even out the balance.



Problems with balance after having a mastectomy can affect women of any breast size.

Creating symmetry when wearing clothing

Most women don't have identical breasts – the muscle and tissue on each side of the body is different. However, after a mastectomy, these differences are usually more noticeable. A prosthesis or reconstruction may help you feel and look more symmetrical.

Restoring self-esteem

You may find that recreating a more natural appearance with a prosthesis or reconstruction helps to boost your confidence – including sexual confidence – after a mastectomy. For more information about body image and sexuality issues, see pages 66–69.

Adjusting to the diagnosis and treatment

Reconstruction or using a prosthesis may help some women cope better with the experience of cancer. You might feel like you are taking control of your appearance.

Q: Which is right for me?

A: You may find it helpful to consider the advantages and disadvantages of both options – see the tables below and on page 8. You don't have to choose between the options – you may start off with a prosthesis, then later decide to have a breast reconstruction.

Prosthesis

Advantages

- Doesn't require further surgery, which has risks and recovery time.
- Can be chosen straight away.
- Medicare subsidises the cost.
- Easy to change size (for example, if your other breast changes).
- Can be worn with different clothes, including during activities such as swimming.
- Easily replaced if it wears out or is damaged.
- Can be worn while you're waiting for reconstructive surgery or during chemotherapy or radiotherapy.
- Matched to your breast size to correct weight imbalance issues.

Disadvantages

- You may not like the idea of having an artificial breast.
- Has special washing and storage instructions, so maintenance is required.
- Needs to be replaced every few years.
- Costs of mastectomy bras can add up.
- Changes to your clothes or accessories may be required, to accommodate the prosthesis.
- May be uncomfortable at times (e.g. heavy, hot or irritating), especially when playing sport.
- If you aren't comfortable, may cause you to feel self-conscious or embarrassed.

Reconstruction

Advantages

- A breast made with your own tissue is permanent and usually won't require any further care after it has healed from surgery.
- Implant reconstructions last 10–15 years or longer.
- May be reassuring, as the new breast is a part of you. This could increase your self-esteem.
- Often looks very natural, after the surgical scars have faded.
- Changes to clothing may not be required, if the reconstructed breast is about the same size as the natural breast.
- If you have a TRAM flap procedure (see page 47), you may benefit from having a 'tummy tuck' at the same time.
- A reconstruction could be easy to manage in the long term (low maintenance).

Disadvantages

- Requires surgery (involves time in hospital and recovery at home). Several appointments may be needed, depending on the surgical technique used.
- As with all operations, problems may occur and there is no guarantee of the desired result.
- Private patients may have to pay extra costs.
- There may be a waiting period for an operation if having treatment in a public hospital. Even private patients may not be able to have surgery immediately.
- Scarring or the result could cause you to feel self-conscious.
- May not change in shape and size over time, unlike the other breast.
- Risks include the formation of scar tissue (capsular contraction) or accumulation of blood around the implant (haematoma).
- An implant may need to be redone in the future.

Q: When can I wear a prosthesis?

A: Although the breast area will be tender after surgery, a soft, light breast prosthesis called a soft form can be worn immediately, usually for as long as you choose.

The soft form can be worn in a bra that has a pocket (post-surgical bra). If the bra is too constricting or rubs against your scar, you can purchase a pocketed crop top or camisole. Because it is light and made from a gentle material, the soft form can be worn during radiotherapy.

When you have recovered from treatment, you can be fitted for a permanent prosthesis. You may need to wait up to two months after surgery and for six weeks after radiotherapy to give the skin and other tissue time to heal. However, each woman is different so check with your surgeon or breast care nurse about your waiting time. For more information about prostheses, see pages 11–32.

My Care Kit

Breast Cancer Network Australia provides a free post-surgical bra and temporary soft form for women who have recently had breast cancer surgery. You can order a kit through your breast care nurse.

You can also purchase more durable soft forms and post-surgical bras from retail outlets specialising in prostheses. Call **13 11 20** for information on where you can buy these.

Q: When can I have a reconstruction?

A: Breast reconstruction can be done or started at the time of the mastectomy (immediate reconstruction) or at a later stage (delayed reconstruction). This can be months or years later.

The timing depends on the type of breast cancer you were diagnosed with, whether you need further treatment (for example, chemotherapy or radiotherapy), your general health, and other concerns, such as the cost. For some women, it is important to plan reconstruction from the time of their mastectomy, but other women prefer to focus on the cancer treatment and think about reconstruction later. Sometimes you won't be able to have an immediate reconstruction due to the surgery schedule at the hospital.

Talk about these issues with your breast cancer surgeon, oncoplastic surgeon and/or reconstructive (plastic) surgeon. If you have concerns, it's okay to get a second opinion from another specialist.

For more information about breast reconstruction, see pages 33–62.

“ I wore a breast form for six years and then decided to have a reconstruction. After the diagnosis, all I wanted was to have the tumour removed and save my life. Now I'm tired of wearing and maintaining the form.” Sandra



Breast prostheses

Material used in prostheses

Most breast prostheses for long-term use are now made from a solid type of silicone gel. They are moulded into the natural shape of a woman's breast or part of a breast.

Temporary forms tend to be made with foam, fibrefill or fleece; these are usually worn in the first couple of weeks or months after surgery. Some women continue wearing a soft form at nighttime.

The top and front surface of a permanent breast prosthesis feels soft and smooth. The back surface that rests against your body varies and depends on whether the prosthesis is designed to go into a bra pocket or stick directly to your skin. It can be firm and smooth, flat or hollow, have ridges that are soft and flexible, have sticky (adhesive) spots, or be made of fabric.

Most permanent prostheses are weighted to feel similar to your remaining breast (if only one breast has been removed), but lightweight styles are also available. Some prostheses include a nipple outline, or you can buy a nipple that sticks to the form.

What is silicone?

Silicone is a non-toxic, synthetically-made substance that is heat resistant and rubbery. This makes it useful for moulding to the shape of a natural breast and placing next to the skin. If a prosthesis tears or punctures, the silicone can't be absorbed by the skin.

“ Breast forms are very well designed these days. Anyone pressing up against you would not know the difference – not like the days when they were filled with bird seed or rice. ” *Jan*

Types of prostheses

Every woman's body is different so there is a large range of prostheses available in various shapes (triangles, circles or teardrops), cup sizes (shallow, average, full) and skin colours. There are also partial breast forms (triangles, ovals, curves and shells) for women who have had breast-conserving surgery or a reconstruction and want to fill out their breast shape.

Different prostheses have different amounts or layers of silicone. This allows women to match the breast form to the structure and movement of their remaining breast.

Some prostheses are even on both sides (symmetric) or uneven (asymmetric). Symmetric forms can be worn on either side of the body; asymmetric forms are either worn on the right side or the left side.

The type of prosthesis you can wear will depend on the amount and location of tissue removed during surgery. You should be able to find one that is close to your original breast shape and suits your lifestyle. Your fitter will be able to guide you through the range of prostheses that are suitable for you.

Soft breast form



This light breast form usually has a polyester front cover and a cotton back cover. It is mainly used in the weeks immediately after surgery and is good if you have sensitive scar tissue or if you want to wear a form in bed. It can also be used for swimming, although there are other forms more suitable for this purpose.

Due to their light weight, soft forms are not suitable if you need a prosthesis for balance (to even up the weight of the breasts).

Basic breast form



This is a full breast form with a natural curve and weight that helps fill the bra cup completely. The form is made as a single mould using one layer of silicone only. It tends to be heavier than other types of forms.

There are different sizes and shapes for you to get the best fit and comfort. Many have a nipple shape styled into the silicone.

Two-layer breast form



Two-layer breast forms are made with two different layers of silicone. This gives the form a more natural drape depending on the type of breast it is matching – for example a younger breast, an older breast, or a smaller breast. The layering also helps the breast form have a more realistic movement.

They are lighter than basic forms but heavier than lightweight forms. Some two-layer forms include temperature control technology.

Partial breast form or shaper



If surgery or radiotherapy has changed your breast shape significantly (e.g. part of it was removed), you can use a small, specially shaped breast form. This will fill out your bra and achieve symmetry.

Some prostheses are filled with machine washable fleece to obtain the desired size. Certain brands of partial breast forms stick directly to the skin, so they can be worn with a regular, non-pocketed bra. You can also place the form in a pocketed (mastectomy) bra.

Shell breast form



A shell breast form is a type of partial breast form. It is hollow (concave) and fits over any remaining breast tissue to restore your breast to its original shape and size.

Sometimes women who have had a breast reconstruction find that the size of their remaining breast changes if they gain or lose weight. They can use a shell breast form to make their reconstructed breast match the size of their natural breast.

Lightweight breast form



Lightweight breast forms are made with a lightweight silicone and are about a third lighter than a basic breast form.

Lightweight breast forms are useful for women with lymphoedema, osteoporosis or arthritis, or for women with larger breasts. Some lightweight breast forms include temperature-control technology.

Attachable or contact breast form



While many breast forms are designed to be worn in a bra pocket, others stick directly to your skin. You may find that this looks and feels more natural. You will still need to wear a well-fitting bra.

“Because the attachable form sticks to the skin it feels normal and natural, just like my lost breast.”  Peggy

Swim breast form



Some women prefer to swim without their breast form or to use a soft form, but if you swim often, there are advantages to buying a swim form. They are made with silicone that retains its shape in and out of the water, and they are resistant to chlorine and saltwater. Swim forms are much lighter than regular prostheses, dry quickly and can be worn in a pocketed swimsuit.

Some manufacturers don't recommend wearing a silicone form in a sauna or spa because it may heat up against your skin. Try a foam or fibrefill one instead.

Buying a breast prosthesis

It is recommended that you see a trained fitter who can help you choose the right prosthesis, as well as a mastectomy bra, if necessary. You will need to call ahead and make an appointment. This allows you to have uninterrupted time with the fitter.

For some women, having a fitting can be an emotional or distressing experience, especially the first time. You may be embarrassed at the thought of having another woman see the site of the surgery, or feel upset about needing a breast prosthesis. Remember that the professional fitter regularly sees women who have been in a similar situation, so she takes a sensitive approach.

When you go to the fitting, you might like to take a friend with you for support. The other person doesn't have to come into the dressing room with you.

You may also find it helpful to see some breast forms before your appointment (or even before your operation), to give you an idea of what to expect. Ask your breast care nurse to show you samples of breast forms and bras. You may also benefit from talking to a woman who is using a breast prosthesis. See page 70 for information about volunteer peer support.

For a list of questions you might like to ask your breast care nurse or a breast prosthesis fitter, see page 31. Information about costs is on pages 28–29.



Where to buy a breast prosthesis

There are some specialist stores that only sell breast forms and associated products. The lingerie section of some major department stores and lingerie boutiques also have trained fitters. There may also be a free home service available in your area.

If you live in a rural area, you might have fewer options for what you can buy and where you can shop. Making a trip to a shop in a large town or city may be beneficial. This might also appeal if you don't want to shop where people know you.

You can also shop online or ask retailers to send catalogues so you can look at the full range of bras and breast prostheses available. If you see something you like, you may be able to order it, or a fitter can order it in for you. However, it is recommended that you go to a fitter to be seen and measured in person, particularly if you are buying your first one.

Call Cancer Council Helpline 13 11 20 for a list of stores where you can purchase breast prostheses, mastectomy lingerie and accessories.

Choosing a bra

It is important for your health and comfort that the prosthesis and bra fit correctly. Having a well-fitting bra will ensure your breast prosthesis is comfortable and fits well.

You can bring your own bras (regular, post-surgical or mastectomy) to your fitting or your fitter can suggest a bra from their stock.

The bra holds the prosthesis and protects it from damage. It also supports and shapes the remaining breast, which is used to determine the size of the breast form. A bra that is supportive and fits well:

- may have underwire, if this is comfortable for you
- needs full cups with firm, elasticised edges
- should sit close to your chest wall between the cups and have a high front at the centre
- should have elasticised, adjustable, comfortable straps
- should have reasonably thick sides that don't cut into the skin
- minimises slipping or movement of the prosthesis.

A tight bra or one that has narrow shoulder straps may obstruct the flow of lymph fluid in your body and cause swelling in the arm (lymphoedema). A good fit will reduce the chance of this.

While some women find that their ordinary bra, sports bra or sports crop top adequately supports their prosthesis, mastectomy bras are specially designed for this purpose. As well as being cut wider under the arm, across the chest and in the straps, mastectomy bras have a pocket in the cup to hold the prosthesis in place. The material is also wide enough to cover an attachable or contact form. There are many attractive designs available.

If you choose to use a regular bra, you can buy or make a pocket to sew into the bra to hold in the prosthesis. A bra pocket pattern can be downloaded from www.cancercouncil.com.au/brapocketpattern.



At the fitting

A fitting normally takes 40–60 minutes. Most fitters carry out the fitting in a similar way:

- The female fitter checks your bra size with a tape measure.
- The fitter will ask you about what type of bras you like and how active you are, or will check if your own bras are suitable.
- If you've had a double mastectomy, the fitter will ask you what breast size you were and what size you would like to be. You might like to keep your original size or go up or down a size.
- The fitter brings you a selection of bras to choose from.
- When you've chosen your bra, the fitter will help you try on different prostheses until you find a good fit.
- The fitter often has a slip-on T-shirt (like a smock) for you to try over the bra and prosthesis to check that the form is the right size and looks symmetrical under clothing. You can put your own clothes on, but many women find the T-shirt easier.
- The fitter then shows you how to make sure the prosthesis sits properly in the bra and how to take care of it.



You will have privacy when being measured and getting changed during the fitting.

Getting the right fit

The key to a well-fitting breast form is getting it to match your natural breast as closely as possible. Breast form design has improved over the years so that they appear realistic. With a correctly fitting prosthesis and bra, it is very unlikely that a form will fall out or be noticeable to others.

Aim for a fit that looks natural and feels comfortable. The various styles and materials used in making the forms may feel quite different on your skin or in the bra. This will help you decide which prosthesis is best for you.

Ideally, you will get used to wearing the prosthesis, whether it sticks to your skin or is in a bra pocket, although this may take some time. If the breast form feels uncomfortable or looks obvious, it is probably not the right fit.

Questions about the fit

- Is the bra comfortable when I take a deep breath?
- When I lean forward, is the bra sitting flat against my chest?
- Does the prosthesis feel secure in the bra?
- Does the prosthesis blend in with my skin tone?
- Do I feel balanced?
- Can I see edges of the prosthesis sticking out of the top or sides of the bra? (If so, the bra/form isn't the right fit.)
- Does the surface of the bra look smooth?
- Do I like how I look with the prosthesis in place?

tips

Getting a breast prosthesis

- Wait 6–8 weeks after completing radiotherapy before making an appointment to buy a prosthesis.
- Ask other women about their experiences, but remember, what suited them might not work for you.
- Try different types of prostheses to get the best fit and comfort for your body.
- Don't be pressured into settling for a prosthesis you're not entirely happy with.
- If you are unsure about which breast form or bra to buy, or if you think nothing in the shop is suitable, ask if the fitter can order in other styles for you. You could also try another retailer who may carry different products or a wider range.
- Check with the store about its return policy. You may be able to return the prosthesis if the one you buy feels uncomfortable. However, this is not possible with all stores.
- Check whether or not your private health insurance fund covers prostheses and mastectomy bras.
- Don't buy too many new bras if you plan on getting a reconstruction later, as you may need to get different bras to suit the reconstructed breast.

“ It's like buying anything valuable. You need to take your time and make sure it's right. ” *Mary-Anne*

Wearing a breast prosthesis

It may take time to get used to having a prosthesis. You may feel nervous about wearing it, or it may feel different depending on the weather or your clothes. It is natural to have some concerns.

Weight

Full silicone breast forms are designed to be about the same weight as a natural breast.

A prosthesis that is correctly fitted and properly supported in a bra will usually not feel too heavy, even if it feels heavy in your hands. It may take a bit of time to get used to, particularly if it has been a while since the mastectomy.

Women who continually find the regular form too heavy may want to try a lightweight form. Some women prefer to wear this kind of prosthesis when playing sport.

Temperature

Some women find that the prosthesis feels too hot in warm and humid weather. This is more common for women who have larger breasts.

There are a number of options to help you reduce any discomfort you may feel – see the following page.

🗨️ My breast form gets sweaty after I've been playing tennis. I have two, so after a shower I swap. 🗨️ Pam

tips

Managing your temperature

- Choose a bra that fits correctly and holds the prosthesis in the right place. This will help keep you cool.
- Consider new models of breast forms designed with air ventilation and evaporation technology. This can improve temperature regulation, increase comfort, and ease problems such as hot flushes.
- Wear a lightweight form in warmer weather, which may keep you cooler.
- If you wear a regular bra, use a bra pocket or a breast form cover to help absorb perspiration. Check if your fitter supplies covers.
- Try wearing bras made with fast-drying or sweat-wicking fabrics, such as sports bras. This may be more comfortable if you perspire a lot.
- Wear shirts made with cool, comfortable material, such as linen, silk or synthetic breathable fabrics.
- Wash your prosthesis well at the end of the day to stop any perspiration from degrading the form.

Clothing

You may not need to change your clothes when you start wearing a prosthesis, but you might find you need to make some adjustments. For example, you may no longer feel comfortable wearing low-cut tops. If you have some favourite dresses or tops, bring them with you to your fitting to check how they look over different prostheses.

Your fitter may also carry a range of extras designed specifically to be worn with a breast prosthesis. These include lingerie, nightwear, swimwear, sports bras and camisettes (material that attaches to your bra strap to make low necklines more modest).

The range of mastectomy wear is constantly expanding and many attractive options are available.

Swimwear

Mastectomy swimwear can be bought from your fitter, some department stores, direct from some manufacturers, or online. Features include a bra pocket, wide straps and higher necklines.

Australian and international brands offer a wide range of styles, patterns and colours. Popular brands include Ada, Amoena, Anita, Genevieve, Jantzen, Jets, Kay Attali, Palazzi, Sue Rice (individualised fitting), Watersun, Seabird Swimwear, and Seafolly.

New season swimwear is usually available in stores at the beginning of September and November.

“After my double mastectomy, I wore two prostheses. I had to change a lot of my clothes as I needed to wear the wide-cut mastectomy bras, which were visible with V-necks, evening wear and singlet tops.”  Viviane

How to adapt clothing or use accessories

Changing your clothing and accessories might make you feel more confident and comfortable when wearing a breast prosthesis.

Many different products are available to improve the fit and appearance of your breast prosthesis. Ask the fitter or look online for specialised products.



Use scarves or jewellery for extra coverage.



Sew a pocket into your bra, nightdress or swimsuit.



Wear a camisole or singlet under your top, or buy a mastectomy camisole bra.



Reduce pressure from bra straps by using small shoulder cushions (check that it's not a poorly fitting bra).



Alter your clothing yourself or hire a tailor.



Use extra hooks on the back of the bra to make it more adjustable.



Try a strapless mastectomy bra or use an attachable prosthesis.



Use self-adhesive nipples (available in different sizes and colours) to look more natural.

Caring for a breast prosthesis

Prostheses are usually guaranteed for two years for general wear and tear, but they may last longer depending on how often they are worn, how well they're looked after and your lifestyle. If the form splits or cracks at the seams, it should be replaced.

tips

- Handwash the prosthesis every day you wear it to remove perspiration. Use warm water and a mild unscented soap or a cleanser supplied by the breast form manufacturer. Rinse thoroughly and pat dry with a towel.
- Rinse your form in clean water after swimming to remove any chlorine or salt.
- Don't wear a silicone prosthesis in a sauna or spa, as it may heat up against your skin. Use a soft, fibre-filled form instead.
- If your prosthesis is damaged or old, it can be thrown away in your normal rubbish collection. The material cannot be recycled.
- Store your prosthesis in the box it came in, which will protect it from sunlight and heat and help keep its shape.
- Be careful when placing brooches or pins onto your clothing.
- Take care when handling pets so that their claws don't damage the prosthesis.
- Avoid using perfumed deodorant, as this can damage the breast form. Natural crystal deodorant is a better alternative.
- Check that your bras are the right fit every 12 months. You will probably need a new bra and breast prosthesis if your weight changes. Otherwise your prosthesis should last for 2–3 years.

Costs and financial assistance

Cost may influence the type of breast prosthesis and bras you buy:

- The cost of a silicone breast form ranges from about \$250–\$450.
- A silicone swim form is about \$130.
- A foam form is about \$70.
- Mastectomy bras cost about \$60–\$100 each.
- Bra pockets that you can sew into a regular bra cost \$10–\$15.

Medicare's External Breast Prostheses Reimbursement Program

Medicare provides reimbursement for the cost of a new or replacement breast prosthesis. This is available for women who are permanent residents of Australia, are eligible for Medicare, and have had a full or partial mastectomy as a result of breast cancer.

At the time of publication, the reimbursement covers up to \$400 for each new or replacement breast prosthesis since July 2008. If you've had a bilateral mastectomy, you are eligible for a reimbursement for two breast prostheses of up to \$400 each. However, as policies change, you should check what assistance is available before you buy prostheses or bras.

To make a claim for a replacement prosthesis:

- There must be a period of two years or more between the purchase dates of the prostheses. (However, you may find that your breast prosthesis lasts longer than that.)
- Only external breast forms can be claimed. Bras and surgically implanted (internal) prostheses aren't covered.

Claim forms are available from any Medicare office or can be downloaded from www.humanservices.gov.au/breastprostheses. Attach the original receipt to the claim form and hand it in at any Medicare Service Centre or post it to the address listed on the form. The payment will be made by cheque or electronic funds transfer into your bank account.

Private health insurance

Private health funds vary in their rebates for breast prostheses and related products such as mastectomy bras. Some rebates only apply to members with extras cover.

Most health funds have waiting periods and other terms and conditions. They may also require a letter from your surgeon stating why you need a prosthesis. Ask your health fund what is covered and what information is needed.

You may be able to claim a reimbursement from Medicare even if you've received a private health refund. You can only claim the Medicare reimbursement if the full price of the prosthesis wasn't covered, and this reimbursement will be adjusted according to the \$400 limit. For example, if you buy a prosthesis for \$500, and get a \$200 refund from your private health fund, your Medicare reimbursement would be \$200.

Air travel with a prosthesis

You may be concerned about travelling with your breast prosthesis. It's safe to wear or carry a prosthesis during air travel – the change in altitude and air pressure doesn't affect the prosthesis.

International security checkpoints usually require passengers to go through full body scanners, which will detect the prosthesis. Airport security staff may organise another imaging scan or a pat-down to confirm that the prosthesis isn't a threat. However, you should not be asked to lift your clothing or remove the prosthesis, and the screening officer should never touch it.

tips

- Let the security officer know that you wear a prosthesis, if you feel comfortable. You may provide a note from your doctor or a travel communication card.
- Request that you and/or your bag are screened in a private area.
- Ask to be screened by a female security officer.
- Bring your prosthesis or mastectomy bra in your carry-on bag if you don't want to wear it. The silicone isn't subject to any rules about liquids, gels and aerosols.
- If you don't think you have been treated with respect or dignity, discuss this with staff at the screening point. You can also ask to speak with a supervisor or complain in writing to airport management.
- Contact the Department of Infrastructure and Regional Development if you aren't happy about the result of a complaint in Australia. Call **(02) 6274 7111**.

Question checklist

You may find the following questions useful if you want to get more information about breast prostheses. You can talk to your breast care nurse, a breast prosthesis fitter, the Cancer Council Helpline, a volunteer from Cancer Council Connect or members of a breast cancer support group.

- Do I need to wear a breast prosthesis?
- What kind of prosthesis would suit me best?
- When can I start wearing a breast form?
- How will wearing or not wearing a prosthesis affect me if I have lymphoedema?
- What can I do if I find the breast form too heavy or I have other problems?
- How long might it take to get used to the prosthesis?
- Do I need to buy mastectomy bras or can I use regular ones?

Questions for the fitter

- How long will the fitting take?
- Can I bring a support person to the fitting?
- If I don't want to remove my own bra, is it possible to be measured for a prosthesis and/or mastectomy bra without doing so?
- Do you have a wide range of styles and colours?
- Can you order other styles if the ones in stock aren't suitable?
- How do I care for the prosthesis?
- What can I do if the prosthesis I bought is not suitable?
- What is the warranty period for the prosthesis?
- Can I have a second copy of the receipt for my records?
- What is the price range of the prostheses you sell?



Key points

- There are many types of breast prostheses to suit women's different needs.
- Wearing a prosthesis may help you remain balanced and may reduce back, neck or shoulder pain. It may help to boost self-esteem after a mastectomy.
- After surgery, you can wear a soft form made of fabric or foam. Once your wound is healed, you can buy a weighted, silicone form that is more like a real breast.
- Partial breast forms are also available for women who wish to fill out their bra.
- Breast forms are available from specialist lingerie retailers, major department stores and mobile fitting services.
- It is best if you make an appointment for a fitting.
- The type of bra you wear makes a difference. It needs to fit well and be supportive. You can use your own bras and sew in a pocket, or you can buy mastectomy bras.
- Accessories and clothing such as swimwear and nightwear are also available to make wearing a breast prosthesis more comfortable and to give you more confidence.
- Medicare has a program that reimburses part of the cost of a prosthesis. Private health insurance funds may also subsidise breast forms and mastectomy bras.
- Air travel with a prosthesis is safe. Security screening will detect the prosthesis, but you can ask to be screened privately by a female security officer. Prostheses are exempt from rules about liquids, gels and aerosols.



Breast reconstruction

Who will do the reconstruction?

If you choose to have a breast reconstruction, your own breast cancer surgeon may have the expertise to do this (this is known as an oncoplastic surgeon). Or, you may be referred to a reconstructive surgeon (also known as a plastic surgeon). The breast cancer surgeon and a reconstructive surgeon may work together to do the breast cancer surgery and reconstruction during the same operation.

Ask to be referred to an expert in breast reconstruction. Make sure that they are a member of BreastSurgANZ, and, if a reconstructive surgeon, a member of the Australian Society of Plastic Surgeons.

For information about other health professionals who will care for you when you have a reconstruction, see pages 59–60.

Types of reconstruction

The major types of breast reconstruction are implant reconstruction, flap reconstruction and a combination of both. These techniques can be done as immediate reconstruction or delayed reconstruction. They can be combined with total, skin-sparing or nipple-sparing mastectomy (see page 35).

In an implant reconstruction, an implant is placed under the skin and muscle to recreate the shape of the breast. In a flap reconstruction, skin, fat and muscle are taken from elsewhere in the body to make the breast mound. These operations can

be done in different ways. Some operations are more difficult than others – both surgically and for your recovery.

Most reconstructions involve two or more operations several weeks or months apart. Your reconstructive surgeon will discuss the different methods and suggest the best one for you. Make sure you understand why your surgeon recommends a particular method. The recommendation will depend on:

- your preference
- your body shape and build
- your general health
- the experience of the surgeon
- the amount of tissue that has already been removed
- scars from other operations
- the quality of the remaining skin and muscle
- the breast size you would like
- whether one or both breasts are affected
- whether you need radiotherapy or have already had it
- whether you smoke – this affects the type of flap you can have, as some types of operations are more likely to have complications in smokers or women who have recently quit.

Ask your surgeon to show you photos of different reconstructions, including the type recommended to you. You may want to see a range of photos of the surgeon's work before deciding.

Remember there are variations in results, so your reconstruction may turn out better or worse than others. For information on making treatment decisions, see pages 63–64.

Skin-sparing mastectomy and breast reconstruction

If you are medically suitable and wish to have an immediate breast reconstruction, you may have the option of a skin-sparing mastectomy or a nipple-sparing mastectomy.

In these operations the breast tissue is removed, as it is in a total mastectomy, but most

of the skin (and sometimes the nipple) is preserved. This can make the reconstruction appear more natural.

These operations may not be appropriate for all types of breast cancer, so you should discuss it with your breast cancer surgeon.

Implant reconstruction

Implants are made from a silicone envelope and filled with either silicone gel or a saltwater solution (saline). Saline implants used to be common but are rarely used now – see page 37.

Implants are more commonly used for women who are not going to have radiotherapy. Women who do have radiotherapy won't have an implant reconstruction until afterwards.

There are advantages and disadvantages in using implants, and specific issues related to each type of implant – see the table on the following page. You need to discuss this with your surgeon. You may also find it helpful to talk with someone who has an implant – Cancer Council Helpline 13 11 20 or a breast care nurse may be able to put you in touch with someone.

Implant reconstruction

Advantages

- Operation only takes a few hours and you may stay in hospital for a few days.
- Creates the breast mound without moving tissue (muscle, skin or fat) from elsewhere in the body, so other parts of the body aren't affected.
- Leaves only the scar from the mastectomy.
- Recovery time at home is shorter than for a flap reconstruction. Although the chest area will be swollen and sensitive, you may be able to get back to some activities within about a week.
- Implants come in a range of shapes and sizes. You can choose to change your original breast size.
- Doesn't cause lifestyle limitations, such as muscle weakness, that may occur as a result of flap reconstruction.

Disadvantages

- Causes a capsule of scar tissue to form around the implant (because it is 'foreign' material is in the body). This can cause distortion and pain in some circumstances – see pages 42–43.
- Two or more operations may be required, if you have an expander first or if the expander is used as the implant. You will need regular visits to gradually stretch the skin over the breast. This may take 6–9 months.
- If your other breast changes in shape and size, you may need another operation to match the two (the implant is artificial, so it doesn't change shape or size).
- Risk of infection, which can lead to removal of the implant. There is also a small risk of serious bleeding.
- Not necessarily designed to last a lifetime. Implants may need to be replaced after 10–15 years, but some can last for much longer.

Types of implants

Silicone implants are used in almost all operations.

A softer, honey-like type of gel was previously used, but implants are now made of a soft, semi-solid filling called cohesive gel. This gel is quite firm and holds its shape like jelly.

Some silicone implants are covered with a thin layer of polyurethane foam, which may hold the implant in place. A polyurethane foam-covered implant can reduce the risk of capsular contraction and movement of the implant (see pages 42–43).

Saline implants, which are made of a solid silicone envelope containing saltwater, are another type of implant. They are no longer commonly used in reconstruction.

Saline breast implants are not as naturally shaped as silicone implants – they may look rounder than a real breast, and problems such as the skin wrinkling and ‘sloshing’ may occur. A saline implant may also gradually lose volume, deflate without warning or wear out.

Breast implants and rupture

Implants will not last a lifetime. They can leak or break (rupture) because of gradual weakening of the silicone.

According to the US Food and Drug Administration, about one in 10 of all silicone implants break or leak within 10 years of being implanted. The average implant lasts about 15 years.

With a silicone gel implant, because the gel is often contained within the body's capsule of scar tissue, it may not be possible to tell whether the implant has ruptured. If the silicone leaks outside the capsule it may cause a lump, which can be swollen and painful. If this happens, make an appointment with your doctor. Usually, if an implant is known to have ruptured, it is replaced.

If a saline implant ruptures, salty water will leak out into your body and the implant will collapse. The salty water is not harmful, but you will need to have surgery (usually a day procedure) to remove the empty silicone envelope and replace the implant.

Safety regulations

If there are safety concerns about an implant, it is withdrawn from the market.

Some silicone implants were voluntarily taken off the market in the 1990s due to safety concerns and speculation. Since then, regulatory authorities such as the Therapeutic Goods Administration (TGA) approve brands for use in Australia.

In April 2010, the French brand Poly Implant Prothèse

(PIP) was withdrawn due to safety concerns and a possible increased likelihood of ruptures. About 5000 Australians had a PIP implant between 1998 and 2010, but most of these were cosmetic procedures. These women should discuss concerns with their surgeon.

You can register to be notified of any concerns about the safety of your implant – see page 71. You can also check www.tga.gov.au for alerts.

Woman with an implant reconstruction



How is an implant reconstruction done?

If you have healthy chest muscle and enough skin, an implant can be inserted under the chest muscle. An inflatable tissue expander may be used first – see below.

Implants come in many shapes and sizes. You can choose one with your surgeon, otherwise the surgeon will select one to match your own breast.

The mastectomy scar may be re-opened for the implant to be put in. This is why there is no further scarring.

The operation takes about an hour and you will probably be in hospital for one or two nights. You may feel some pain afterwards but you will be given medication for this.

Inflatable tissue expander

After a mastectomy there is often not enough room to fit an implant of the desired size. In this case, an inflatable tissue expander can be used to stretch the skin.

The expander, a balloon-like bag, is placed under the skin and muscle, either at the time of the mastectomy or some time later.

Afterwards, the balloon is gradually filled by injecting it with saline through a port that sits just under the skin. These injections are given every couple of weeks until the tissue is the desired size. This may take several months.

Expanders are generally designed to be temporary, but there are also permanent ones. If a temporary expander is used, the surgeon will replace it with a permanent silicone or saline implant in another operation.

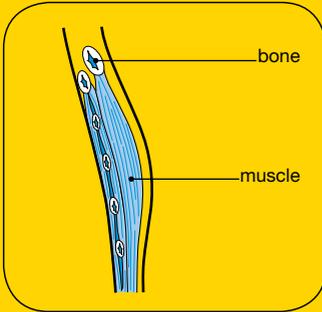
You won't need to stay in hospital when the expander is being filled, but if the expander is replaced with a permanent implant, the operation will take about an hour and requires an overnight stay in hospital. You should be able to manage any pain with mild pain-killers.

A breast reconstructed with a tissue expander and/or an implant usually feels firmer than a natural breast. While it won't move and behave like a natural breast, it usually looks symmetrical in a bra.

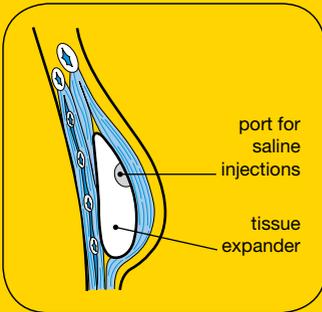


The saline injections cause little pain because the chest is often numb after a mastectomy. However, you may feel discomfort or pressure for a few days due to the tissue stretching. Check with your doctor about suitable pain relief medication.

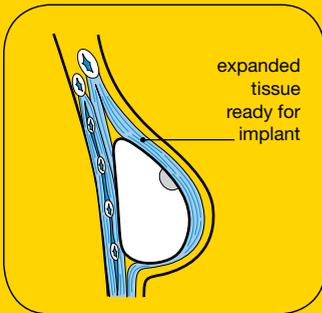
Temporary inflatable tissue expander



This shows the left side of the chest before the operation to insert a tissue expander. The tissue is mostly flat, because breast tissue was removed during the mastectomy.



When the tissue expander is in place, it creates a pocket where the implant will eventually be inserted. There is a port through which the saline can be injected.



The tissue stretches and expands each time saline is added. The expander is removed and the implant is inserted in its place.

Acellular dermal matrix

After using the inflatable tissue expander, there may be enough skin and muscle to cover an implant. However, sometimes an acellular dermal matrix (ADM) is inserted under the skin to replace the muscle covering the lower half of the implant.

ADMs are flat, white sheets of real tissue. They may be made from animal or human tissue (a cow, or more commonly, a human cadaver). The ADM is processed and sterilised for use in surgery. It is cut to size and modelled to the shape of the breast. When in place, ADM works like building scaffolding – it is there to support and contain the breast implant. Your existing skin will grow into the ADM as the area heals.

For many women, the ADM provides a good result – talk to your surgeon for more information.

Risks of having an implant

Before your operation, the surgeon will discuss the risks of the implant with you. The following list outlines the most common potential problems:

Excess fibrous tissue – A capsule of scar tissue (fibrous tissue) tends to form around a breast implant. If this thickens over time, it may make the reconstructed breast feel firm. This condition is called a capsular contracture and is more likely if you have had radiotherapy. Capsular contracture can be uncomfortable or painful and may change the shape of the implant. Further surgery may be needed to remove and/or replace the implant.

Movement – The implant may move slightly in the body after the operation. This may happen over time. It is sometimes called implant displacement, descent or rotation. In a small number of cases, the implant shifts a lot and the appearance of the breast changes. Surgery can return the implant to its original position.

Implant rupture – See pages 37–38.

Visible rippling – Sometimes implants adhere to the surface of the skin and this can affect how smooth the breast is.

Other health problems – Some people are concerned about implants causing certain health problems. Research has not established a link between silicone breast implants and autoimmune disorders such as scleroderma, rheumatoid arthritis or lupus. There is also no evidence that implants cause breast cancer.

There have been reports of a type of lymphoma occurring in the capsule of breast implants. There are only about 35 cases to date out of the millions of implants used – and six cases reported in Australia – but medical authorities are monitoring this issue. Talk to your surgeon about the risks.

Flap reconstruction

Flap reconstruction is the use of muscle and skin from other parts of the body to build the shape of a breast. One of several flap methods may be used. The different types are named after the type of muscle used in the reconstruction.

Flap reconstruction depends on whether there is enough tissue and fat to do the procedure. It is particularly suited to women with large breasts, women who don't have enough skin to cover an implant, and women who have had radiotherapy.

Flap

Advantages

- There is no risk of possible rupture, because your own tissue is used.
- Reconstruction is permanent once the breast has healed, even though minor adjustments are sometimes needed.
- Maintains its look and feel over the long term and generally adjusts with your body weight.
- Most methods only use your own living tissue to create the breast.

Disadvantages

- The operation may take a few hours and you may need to stay in hospital about a week.
- Risks include infection and the flap not healing properly.
- Could cause more than one scar (but these fade over time).
- Depending on the type you have, you may need an implant as well.
- Could cause some muscle weakness after the operation, which could cause lifestyle limitations (e.g. problems with playing tennis or heavy lifting).
- TRAM and DIEP procedures (see pages 47–50) can only be done once.
- With TRAM reconstruction, there is a risk of hernia.

Latissimus dorsi (LD) reconstruction

The latissimus dorsi is a broad, flat muscle on the back below the shoulder blade.

- The latissimus dorsi muscle and some skin are rotated around to the chest.
- An implant is usually required under the flap to make your breast large enough to match the remaining breast.
- There is usually a need for a tissue expander, depending on the final size desired.
- If an expander is used, a second operation will be needed to remove it. Otherwise, this reconstruction can be completed in one operation, apart from the nipple, which is done in a separate operation (see page 51).

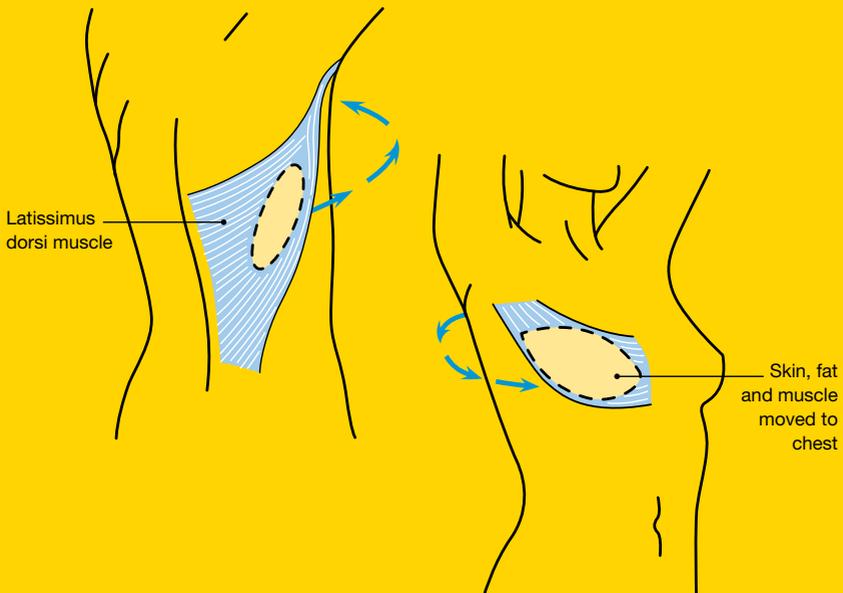
Depending on the mastectomy technique used, you may have an oval-shaped scar on your reconstructed breast and a straight scar on your back. The back scar may be covered by your bra strap.

Woman with a latissimus dorsi reconstruction



Some surgeons use a scarless LD reconstruction technique. This involves re-opening the mastectomy scar and using special instruments to tunnel into the body and bring the latissimus dorsi forward toward the breast. Ask your surgeon if this technique is possible in your situation.

Latissimus dorsi reconstruction



Your surgeon will draw a pointed ellipse shape on your back to plan the incision. When the muscle tissue is cut and shifted to your breast area, its blood supply will stay intact.

TRAM flap reconstruction

TRAM flap reconstruction refers to a flap made out of tissue and muscle from the tummy (abdomen). It is short for transverse rectus abdominis myocutaneous flap reconstruction. One of the pair of long, flat stomach muscles called the rectus abdominis is used to create the reconstructed breast.

The reconstructive surgeon moves the muscle, along with local skin and fat, to the chest where it is shaped into the form of a breast. TRAM flap reconstruction can be done in two ways: pedicle TRAM flap method and free TRAM flap method.

TRAM flap reconstructions leave a long scar across the lower abdomen from one hip to the other. There will also be a scar on the reconstructed breast, and no feeling will remain in the skin over the breast.

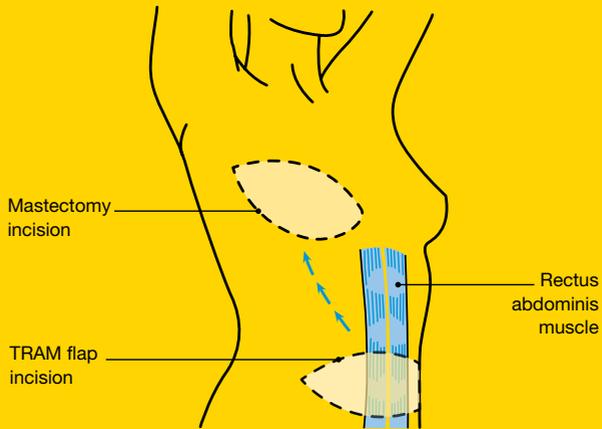
About two weeks before the main operation, a smaller operation may be needed to improve the blood supply to the tissue that will be used in the breast reconstruction. This is more common for women with larger breasts.

The surgeon may also arrange to bank your blood in case you need a transfusion during surgery.

Pedicle TRAM flap

In this method, the muscle is left attached to its original blood supply and tunnelled under the skin of your upper abdomen to the breast.

TRAM flap reconstruction



A pedicle TRAM flap operation usually takes 3–4 hours. A free TRAM flap operation takes 5–7 hours.

Both types of TRAM flap operation require 4–7 days in hospital. However, full recovery from either surgery takes at least six weeks.

Woman with a TRAM flap reconstruction



Free TRAM flap

With a free TRAM flap, the reconstructive surgeon uses microsurgery to completely divide (detach) the muscle from its blood vessels, and then re-attach them to new vessels in the chest or under the arm. This method is better for creating a larger breast. It is also easier for the surgeon to shape the breast for a more accurate final result, but it is a more complicated and longer operation requiring special facilities and expertise.

Risks of a TRAM flap

Hernia – Removing the abdominal muscle in both TRAM flap methods can weaken the abdominal wall. This can result in a hernia, which is when part of the bowel juts out through the abdominal wall. To reduce this risk, the surgeon may insert mesh into the abdomen to replace the muscle. You will be advised to avoid heavy lifting after the operation.

Loss of the flap – Blood vessels supplying the flap may kink or get clots, leading to bleeding and a loss of circulation. This may cause a partial or complete loss of the flap due to the tissue dying (necrosis). This is more common in women who smoke or recently quit, although quitting smoking before surgery helps to decrease the risk.

Fat necrosis – An uncommon side effect is when fat used to make the reconstructed breast doesn't get a blood supply, which causes it to die (fat necrosis). These areas in the reconstructed breast can feel firm and are easily seen and diagnosed on a mammogram. They can be left in place or surgically removed. The risk of fat necrosis is much higher in smokers.

Other flap methods

DIEP flap – Some surgeons now perform what is known as a DIEP flap method. DIEP is short for deep inferior epigastric artery perforator flap. It is a complicated operation that is similar to the TRAM flap operation, but it only uses abdominal skin and fat to reconstruct the breast (no muscle is used).

Advantages of this method are a quicker return to normal activities, a smaller risk of hernia and no need to use supporting mesh in the abdomen. It may also be possible to do a bilateral reconstruction (both sides), which is not possible with the TRAM flap operation. However, there is still a risk of loss of the flap and fat necrosis. Your surgeon will discuss these risks with you.

Less common procedures – If a TRAM flap or DIEP flap is not an option for you, other techniques may use fat and a blood supply from other areas of the body, such as the buttock or inner thigh.

The surgeon may remove fat from another part of the body (liposuction) then inject it into the breast to contour it. This is known as lipofilling.

Another option may be volume replacement of miniflap. This may be used for women with smaller breasts who have not had a full mastectomy, to preserve the healthy part of their breast. In this operation, the surgeon takes a small flap of muscle and fat from the woman's back and puts it in the breast to fill the area where the breast cancer has been removed. Talk to your breast surgeon about these less common procedures.

Nipple adhesives and reconstruction

After a breast reconstruction, you may use adhesive nipples to achieve a more natural look. These stick to the skin and stay in place for several days. They are available from breast prostheses suppliers.

You may choose to have a small operation to reconstruct a nipple and the area around it (the areola). Because the reconstructed breast may sag slightly after surgery, this operation generally isn't done until at least three months after a reconstruction.

Nipple reconstruction is done using tissue from your remaining nipple, if you have one, or with tissue from the new implant or flap. The new nipple won't have nerves, so it will not feel any sensation.

If you have a natural breast remaining, the new nipple can be tattooed to match the colour of the opposite one. Most reconstructive surgeons can do the tattooing or have a trained nurse do it, but you may prefer to have the nipples tattooed by a professional medical tattooist or beauty therapist. Initially, the tattoo will look darker than the remaining nipple, but it will fade with time to match in colour.

Woman with a reconstructed breast and nipple (no tattoo)



The remaining breast

For many women, the small differences between their remaining and reconstructed breast are not noticeable when they wear a bra. For others, the difference in breast size may be quite noticeable. Some women decide to have the remaining breast made smaller through surgical breast reduction, or lifted in a mastopexy (lift) procedure. This can improve balance and posture. Others choose to enlarge and lift the remaining breast to match the other side.

Bilateral mastectomy

Some women may be advised or choose to have a bilateral mastectomy. This means both breasts are surgically removed.

This procedure may be recommended because of:

- the type of breast cancer you have
- your risks and/or anxiety about developing another breast cancer
- family history or carrying a gene for breast cancer
- the amount of surgery required to achieve a symmetrical result with the breast reconstruction
- choosing a TRAM flap reconstruction but not being able to repeat the procedure if cancer develops in the other breast.

Reconstruction will need to be considered for both breasts. Discuss this issue with your doctor, and seek a second opinion if you wish.

Therapeutic mammoplasty

This procedure combines a lumpectomy (lump removal) with a breast reduction. It is often used as an alternative to mastectomy in suitable cases. Usually a reduction mammoplasty is done on the other breast at the same time.

Recovery after the operation

How quickly you recover from a breast reconstruction depends on the type you've chosen, how many operations you need, and your body's ability to cope with the surgery. Some women find that they get back to normal quite quickly, while others find that they need several weeks to recover at home.

The main operation for a breast reconstruction usually requires you to spend 2–10 days in hospital. A general anaesthetic will be used and you will probably feel some pain or discomfort afterwards. If you have had a flap reconstruction, you will be sore in the area where the muscle and other tissue were taken, as well as in the breast area.

For any type of operation, you will be given pain relievers to control your discomfort. You will also probably have small tubes inserted into the operation site so fluid can drain away.

You may need to be careful when moving around immediately after the operation, to help the healing process and because of any pain. It's usually advisable not to do housework or drive for 4–6 weeks. This is because you need to avoid repetitive arm movements such as hanging out washing or vacuum cleaning. Your surgeon or nurse can suggest particular arm exercises to help aid arm movement recovery.

After a TRAM flap reconstruction, you should also avoid heavy lifting – including lifting small children – and driving for about six weeks. The surgery will also cause a tightening of the

abdomen similar to a ‘tummy tuck’ operation. You may have some weakness in your abdomen, which you may notice when getting up from a low chair or sitting up in bed. Ask your surgeon for advice about getting back to your regular activities.

Your surgeon will continue to care for you until your body has healed properly. Then your usual check-ups with your breast specialist will continue – see page 56 for more information. Once healed, your reconstructed breast will not need any special care. For more information on looking after yourself, see pages 65–69.

Concerns after surgery

As with all operations, recovery will take longer if problems occur. These might be related to the anaesthetic, to infection or to healing.

Differences between breasts – It’s not possible to make an exact copy of your remaining breast. Although the surgeon can attempt to make them as similar as possible, there may be differences in the size, shape or position of the two breasts.



You should discuss possible problems with your surgeon or breast care nurse before the operation so that you understand the risks of the procedure and you can make the necessary arrangements for your work, home help or childcare.

If your weight changes, you may find that one of your breasts changes in size while the other one stays the same. This is more common with an implant.

You may also find differences in the feeling of your breasts. Your reconstructed breast may feel either numb or extremely sensitive.

You may also suffer some loss of feeling if you have had surgery to your remaining breast (for example, a breast reduction). If you have a nipple reconstruction, the nipple will no longer have any feeling.

Healing problems – Sometimes there may be healing problems within the first week or so after surgery. This can be caused by infection, poor blood supply or problems with an implant. Any infection must be treated to reduce the possibility of further complications. If an implant has been used, it might need to be taken out. However, it may be possible to have a new implant put in later on.

Bleeding – Sometimes, shortly after the operation, extra blood collects in or under the wound. This is called a haematoma and it causes swelling and pain. A large haematoma may need to be surgically removed.

Seroma – Sometimes after the operation or when drains have been removed, extra fluid collects in or under the wound. This is called a seroma. It causes swelling and pain, and it may need to be drained by a health professional using a needle.

Scars – All people heal differently and the final appearance of a scar will vary from person to person, even if the surgery is the same. Most scars have a thickened, red appearance early on. The scar will begin to fade after about three months.

Sometimes the scar stays thick for a long time and can become itchy and uncomfortable. Let your surgeon know if you already have any existing raised, irregular scars (sometimes called keloid scars), as this may show that you are prone to getting these types of scars.

Your surgeon or breast care nurse can advise you about treatments to reduce the discomfort. You may be able to have surgery later on to improve the scar's appearance.

Concerns about recurrence – Some women are concerned that their breast reconstruction will hide cancer that has returned (a recurrence). This is unlikely to happen because most recurrences of breast cancer occur in the skin or in the tissue just underneath the skin.

If a flap reconstruction is done, any recurrence would usually only occur in the skin that belonged to the original breast. The flap used to make the reconstructed breast would not hide this. If a breast implant is used, it is placed underneath the chest muscle. Again, it should not be difficult to detect a recurrence.

Having a reconstruction does not affect your chances of long-term survival. After reconstruction, it is a good idea to

examine both your breasts every month. Your surgeon will arrange to see you regularly to examine the reconstructed breast.

If you have a remaining breast, your surgeon will advise you on how often you need to have a mammogram. You will have the mammogram at a hospital breast clinic or radiology practice.

Discuss any concerns with your general practitioner or surgeon.

Pregnancy

Whether or not to become pregnant after breast cancer and if so, when, can be an issue. Discuss any concerns with your oncologist and breast surgeon.

Pregnancy after a breast reconstruction is possible, regardless of the type of reconstruction. Mesh put into the abdominal wall during a TRAM flap operation supports the abdominal muscles and will help decrease the risk of a hernia during pregnancy.

Breastfeeding is not possible with the reconstructed breast. Most women can successfully breastfeed with their other breast, although this may be difficult if you have had a reduction. A breast care nurse or lactation consultant can advise you on any concerns you have about breastfeeding after a reconstruction.

“ I really wanted to breastfeed my daughter with my remaining natural breast. I saw a lactation consultant who helped me to stimulate my milk supply. ” Lara

Reconstruction costs

Public

- Reconstruction after a mastectomy is a medical procedure, not a cosmetic one, so the costs are covered through Medicare for a public patient in a public hospital.
- There may be some extra charges if an implant is used.
- There may be some charges for private patients in a public hospital.
- Because of the demand for public hospital beds, public patients may need to wait many months for their operation. Ask your surgeon about the likely waiting period.

Private

- Private patients must have private health cover or be prepared to pay the extra costs.
- In a private hospital, Medicare will cover some of the surgeon's and anaesthetist's fees. Your health fund will cover some or all of the remaining costs, but you may need to pay a gap fee or a hospital admission fee.
- Part or the entire cost of an inflatable tissue expander and any permanent implant may also be covered by your insurance provider.
- If you decide to join a health fund before your operation, you will have to wait the qualifying period before you can make a claim. This may be up to 12 months. Check with different health funds.

Costs

Find out how much it will cost to have a breast reconstruction. Check with your surgeon, the hospital, Medicare and your private health fund before deciding to go ahead. You may need to pay for extras such as pain medication, post-surgical bras and check-ups with your surgeon.

Financial assistance may be available for transport costs to medical appointments and prescription medicines. Ask the social worker at your hospital if you are eligible for assistance.

If you have your nipple tattooed, it is covered by Medicare if a doctor does the tattooing. If a professional tattooist does the work, it is not covered and you will have to pay yourself.

“With my private insurance, I was significantly out of pocket, due to the anaesthetist charging well above the schedule fee. However, the advantage gained with the reconstruction was well worth the cost.”  Gwen

Which health professionals will I see?

In hospital, you will be cared for by a range of health professionals who specialise in different aspects of a reconstruction procedure. This multidisciplinary team will probably include the health professionals listed on page 60.

Health professional	Role
breast surgeon	specialises in the surgical treatment of breast cancer, including mastectomy, breast conserving surgery and lymph node surgery
oncoplastic breast surgeon	a breast cancer surgeon who has extra skills and expertise in breast-preserving techniques and some forms of breast reconstruction
reconstructive or plastic surgeon	trained in aesthetic (appearance) and reconstructive techniques and may specialise in the full range of breast reconstruction options
anaesthetist	administers a general anaesthetic before an operation so you lose consciousness and don't feel any pain
breast care nurse	advises women about all aspects of caring for their breasts, including pre- and post-reconstruction counselling
occupational therapist, physiotherapist and social worker	link you to support services and help you with any emotional, physical or practical problems
psychologist	offers counselling so you can talk through your options and helps with the decision-making process

Question checklist

You may find this checklist helpful when thinking about the questions you want to ask your health care team about getting a breast reconstruction.

If you don't understand the answers from the surgeon, it is okay to ask for clarification.

- Do you think I can have a reconstruction?
- When would you advise me to have the reconstruction?
- Which type of reconstruction do you recommend for me and why?
- What are the possible problems with this type of reconstruction?
- How long will I have to wait to have the procedure?
- How long will I be in hospital and how long will my recovery be?
- How much will it cost? Am I covered by Medicare or my private health fund?
- What will the reconstructed breast look and feel like?
- Can I see photos of other women who have had this type of reconstruction?
- Can I talk to other women who have had a similar operation?
- Will the operation hide any new problems? Do I still need regular mammograms?
- How can I get a second opinion?

Breast Cancer Network Australia has a number of personal stories about breast reconstruction. Read them at www.bcna.org.au.





Key points

- Implant and flap reconstructions are the two main types of breast reconstruction operations available.
- Both types of reconstructions have advantages and disadvantages that you need to weigh up.
- A number of factors, such as your body type, health, desired breast size and whether you are having one or both breasts reconstructed, influence the type of reconstruction your surgeon recommends.
- Implant and flap reconstructions are both major operations that require several weeks for you to recover. You may also need more than one operation.
- As with all operations, there are risks of side effects or the reconstruction not turning out as you had hoped. It may help to be realistic about the possible results.
- Some women feel more whole following a breast reconstruction, and say they feel better able to adjust to the changes in their body image.
- A reconstruction is not likely to hide a cancer recurrence. You will still need to have check-ups with your doctors and mammograms.
- Find out how much a reconstruction will cost before agreeing to the procedure. You may have out-of-pocket expenses.



Making treatment decisions

Having a breast reconstruction is a personal choice. It can involve a great deal of thought and discussion. Take time to get a good understanding of what a reconstruction involves and make sure that you have realistic expectations of the end result. A breast care nurse or counsellor can also help you think through the issues.

Breast reconstruction is a specialised form of surgery. You should talk about your options, including the best time to have the procedure, with your breast surgeon first. Many women can have a reconstruction, but there are some situations where your surgeon may advise against it. This might be due to the type of breast cancer or treatment you had, because you need further treatment for the cancer, or due to your general health.

If you are referred to a reconstructive surgeon, ask to see photographs of their work. You may also be able to talk to some of their previous patients.

- If you are offered a choice of surgery, you will need to weigh up their advantages and disadvantages. Consider how important any side effects are to you and how long your recovery will be.
- If only one type of treatment is recommended, ask your doctor to explain why other treatment choices have not been offered.
- If you have a partner, you may want to talk about the options with them. You can also talk to friends, family, or other women who have had a similar experience to you. See page 70 for information on support groups and services such as Cancer Council Connect.

It's important for you to make your decision in your own time. Although it's useful to talk to other people, try not to feel pressured into a decision based on what they think. You also have the right to accept or refuse any treatment.

The question checklist on page 61 can help you think through the information you need to understand the surgical procedures and make your decision. If your doctors use medical terms you don't understand, it's okay to ask for a simpler explanation. You can also check a word's meaning in the glossary (see page 72).



There is no urgency to decide to have a reconstruction unless you want one at the time of your mastectomy. As long as you are well enough for surgery, you can have a reconstruction in the future.

A second opinion

Getting a second opinion from another breast surgeon or plastic surgeon may be a valuable part of your decision-making process. It can confirm or clarify the first doctor's recommendations and reassure you that you have explored different options.

Some people feel uncomfortable asking their doctor for a second opinion, but specialists are used to patients doing this. It is important that you feel comfortable with, and have trust in, your surgeon. Ask your surgeon or general practitioner about getting a second opinion if you want to. You can then decide which surgeon you would prefer to do your breast reconstruction.



Looking after yourself

Having cancer and recovering from it can be very stressful, both physically and emotionally. You may find coping with body image and sexuality issues particularly difficult, and this may affect your emotions and relationships. Choosing a breast prosthesis or getting a reconstruction may be an important step in your recovery.

There are also other things you can do to help take care of yourself. Eating well, being active and taking time out may help reduce stress, improve wellbeing and help you cope better with surgery if you have a reconstruction. Doing things to improve your self-esteem can also be important for your emotional recovery.

Talking to health professionals such as psychologists, counsellors or psychiatrists may also be helpful. Don't be embarrassed to ask for a referral. These health professionals may help you find strategies to help with your recovery.

Being active

You will probably find it helpful to stay active and to exercise or move about regularly if you can. Light exercise after surgery, such as walking, can help people recover and improve their energy levels. Some women like to join a walking group or walk with friends so that exercise becomes a social event.

If you have a breast reconstruction, it will be a while before you can return to vigorous exercise and you may need to modify the exercise that you do. For example, if you have a TRAM flap

reconstruction, you will need to take care and be gentle with tummy-based exercises.

The amount and type of exercise you do will depend on what you are used to, how well you feel and what your doctor advises.

Complementary therapies

These therapies are used with conventional medical treatments. You may have therapies such as massage, relaxation and acupuncture to increase your sense of control, decrease stress and anxiety, and improve your mood. Let your doctor know about any therapies you are using or thinking about trying, as some may not be safe or evidence-based.

Alternative therapies are used instead of conventional medical treatments. These therapies, such as coffee enemas and magnet therapy, can be harmful. For more information, call 13 11 20 for a free copy of the *Understanding Complementary Therapies* booklet or visit your local Cancer Council website.

Body image

Any change in appearance after breast cancer surgery may affect your self-esteem and feelings of femininity. The loss of your breast or any other body part is a type of bereavement.

Wearing a prosthesis or getting a reconstruction can help improve self confidence, and for some women, it helps them feel whole again.

tips

- Get dressed up – wear attractive clothes and get your hair or nails done. Focus on yourself as a whole person and not just the part of you that has changed.
- Draw attention to other parts of your body by using colours, clothing, make-up or accessories.
- Do activities that you enjoy or things that make you feel good about yourself, such as walking, listening to music, having a massage, relaxing outside or volunteering.
- Register for a free Look Good...Feel Better workshop, which offers tips and techniques to help restore appearance and self-esteem for people during or after cancer treatment. Call **1800 650 960** or visit **www.lgfb.org.au**.

Sexuality and intimacy

Having breast cancer and treatment, including surgery, may affect your sexuality. It is normal to not feel like having sex after treatment for cancer. If you have a breast reconstruction, it may be a while before you feel like resuming sexual activity – you need to recover from the operation and get used to the changes.

If you have a partner, you may be concerned about their reaction to the operations you've had. You may feel nervous or uncomfortable about your partner seeing you naked or you may worry that they'll find you unattractive.

Some women try to avoid sexual contact, but this may not be satisfying for you and your partner. Although it may be difficult,

discuss your fears and needs together. How you choose to approach intimacy depends on what suits you both.

It will take time to get used to how your body has changed. Some women may miss the pleasure they felt from the breast or nipple being stroked or kissed during sex. This may also be the case even if you have a reconstruction. If breast stimulation was important to arousal before surgery, you may need to explore other ways of becoming aroused.

tips

- If you are using a prosthesis, wear it in an attractive bra or camisole.
- Wear lingerie or a camisole, or drape a scarf or sarong over your scars, if you are self-conscious.
- Touch, hold, hug, massage and caress your partner to reassure each other of your love and attraction.
- Be open about what you are comfortable with. You might not be ready for your breast area to be touched, or you may want your partner to specifically touch these areas.
- Dim or turn off the lights.
- Read Cancer Council's free booklet *Sexuality, Intimacy and Cancer* – see your local Cancer Council website.
- If you are a resident of Victoria, visit www.cancervic.org.au to see if you can access free intimacy counselling. This is provided by phone with an experienced medical specialist, and it is available for women and their partners (men or women).
- Talk to your doctor, your breast care nurse or a counsellor about any ongoing problems.

What if I don't have a partner?

If you don't have a partner, you might be concerned about forming new relationships. If you do meet someone new, you might worry about when and how to tell them that you're wearing a breast form or have a reconstructed breast.

You may want to share the information with a new partner when you feel it could develop into a relationship. Practising what to say first may help.

If a new relationship doesn't work out, don't automatically blame the cancer or how your body has changed. Relationships can end for a variety of reasons.

Sharing your concerns with someone who has been in a similar situation may help. See the next page for more information on support groups or call Cancer Council Helpline 13 11 20.

Carers' information

You may be reading this because you are caring for someone who has been diagnosed with breast cancer.

Being a carer can be stressful, so it's important that you try to look after yourself too. Support groups and organisations can

give you information, support and counselling.

Contact Carers Australia on www.carersaustralia.com.au or **1800 242 636**, or call Cancer Council Helpline **13 11 20** to access free resources.



Seeking support

Coming into contact with other people who have had similar experiences to you can be beneficial. You may feel supported and relieved to know that others understand what you are going through and that you are not alone.

People often feel they can speak openly and share tips with others who have gone through a similar experience.

You may find that you are comfortable talking about your diagnosis and treatment, relationships with friends and family, and hopes and fears for the future. Some people say they can be even more open and honest in these support settings because they aren't trying to protect their loved ones.

Joining a consumer advocacy group can also be rewarding for women who want to use their experience to make a difference for others. Contact Cancer Council or go to www.bcna.org.au/advocacy for more information.

Types of support

There are many ways to connect with others for mutual support and to share information. These include:

- **Face-to-face support groups** – often held in community centres or hospitals
- **Telephone support groups** – facilitated by trained counsellors
- **Peer support programs** – match you with someone who has had a similar cancer experience, e.g. Cancer Connect
- **Online forums** – such as www.cancerconnections.com.au



Useful websites

The websites listed below are good sources of reliable information from local and international sources.

Australian

- Australian Society of Plastic Surgeons..... **www.plasticsurgery.org.au**
- Cancer Australia **www.canceraustralia.gov.au**
- Cancer Council Australia..... **www.cancer.org.au**
- Breast Cancer Network Australia **www.bcna.org.au**
- Breast Surgeons of Australia and New Zealand
..... **http://www.breastsurganz.com/**
- Department of Human Services **www.humanservices.gov.au**
- Health Direct Australia..... **www.healthdirect.gov.au**
- Westmead Breast Cancer Institute..... **www.bci.org.au**

International

- American Cancer Society..... **www.cancer.org**
- Breast Cancer Care UK **www.breastcancercare.org.uk**
- Macmillan Cancer Support..... **www.macmillan.org.uk**
- US National Cancer Institute **www.cancer.gov**

Breast Implant Registry

The Australian Society of Plastic Surgeons (see above) maintains an online Breast Implant Registry. You can register your implants for a small fee, and be contacted if there are concerns about the

style of implants you have. All data remains confidential.

The Australian Society of Plastic Surgeons manages the registry, but it's not used by all surgeons.



Glossary

anaesthetic

A drug that stops a person feeling pain during a medical procedure. A local anaesthetic numbs part of the body; a general anaesthetic causes a person to lose consciousness for a period of time.

areola

The brownish or pink rim of tissue around the nipple of the breast.

bilateral mastectomy

Surgical removal of both breasts.

breast care nurse

A nurse specially trained to provide information and support to people diagnosed with breast cancer.

breast-conserving surgery

Surgery that removes a breast lump without removing the entire breast.

Also called a lumpectomy.

breast prosthesis (plural: prostheses)

An artificial breast worn in a bra cup or attached to the body to recreate the look of a natural breast. Also called a breast form.

breast reconstruction

The surgical rebuilding of a breast following mastectomy.

breast reduction

Reducing the size of the breast with surgical methods.

breast surgeon

A doctor who specialises in surgery to the breast including mastectomies.

capsular contracture

A build-up of fibrous or scar tissue around a breast implant. It makes

the breast feel firm and can cause discomfort and pain. It may alter the shape of a breast implant.

capsule

A protective layer of scar tissue that naturally forms around a breast implant, which can become thick and tight. This may lead to capsular contracture.

DIEP flap reconstruction

A deep inferior epigastric artery perforator flap breast reconstruction. This operation is similar to a free TRAM flap reconstruction, but the abdominal muscle is not used and no mesh is required for abdominal support.

external prosthesis

An artificial body part that is worn on the outside of the body, such as a breast form.

fibrous tissue

Tissue laid down at a wound site that forms a scar.

flap reconstruction

Reconstruction that uses muscle, fat and skin from other parts of the body to build a breast shape. It is usually done when a woman has larger breasts or doesn't have enough skin to cover an implant.

haematoma

A collection of blood that clots to form a solid swelling.

hernia

When an organ or tissue sticks out

(protrudes) from its usual location due to a weakness of the muscle surrounding it.

implant

An artificial substitute that is surgically put into the body to replace organ or tissue that has been damaged or removed, such as a breast. Also called an internal prosthesis.

implant reconstruction

When a silicone or saline breast implant is inserted under the chest muscle.

inflatable tissue expander

A balloon-like bag designed to expand the skin. It is placed under the skin during an operation and filled gradually by injecting saline into it over a number of weeks.

internal prosthesis

See implant.

latissimus dorsi muscle

A broad, flat muscle in the back that can be used to reconstruct a breast.

lymphoedema

Swelling caused by a build-up of lymph fluid. This happens when lymph fluid doesn't drain properly, usually after one or several lymph glands have been removed.

lymphoma

A type of cancer affecting the lymphatic system.

mammogram

An x-ray of the breast that can detect cancers.

mastectomy

The surgical removal of a breast to treat cancer.

mastopexy

A surgical procedure to lift the breasts.

mesh

Reinforcing material placed in the abdominal wall during a TRAM flap operation. It helps to avoid complications such as hernia.

microsurgery

Surgery using microscopes and miniature instruments for surgery on very small structures.

oncologist

A doctor who specialises in the study and treatment of cancer.

oncoplastic breast surgeon

A breast cancer surgeon with extra skills and expertise in breast reconstruction.

pedicle

A narrow strip of tissue including blood vessels to maintain blood supply to transplanted tissue.

plastic surgeon

See reconstructive surgeon.

prosthesis

An artificial replacement for a lost body part.

reconstructive surgeon

A doctor who surgically reshapes or rebuilds parts of the body to restore appearance and sometimes function. Also known as a plastic surgeon.

rectus abdominis muscle

One of the two large, flat stomach muscles, commonly known as the abs or six-pack. It can be used to reconstruct a breast.

recurrent cancer

A cancer that grows from cells of a primary cancer that have resisted treatment, or cancer that has spread to another part of the body.

rupture

When an implant breaks. This causes the contents of the implant to leak out.

saline

A water and salt solution. The concentration equals that of the body's own fluids.

saline-gel implant

An implant with two sections: one that can be filled with saline to expand the skin covering the implant, and one that is filled with gel. This type of expander implant can remain in place permanently.

seroma

A pocket of clear, serous fluid that sometimes develops in the body after surgery.

silicone

Plastic used to make many products and medical devices. It can be soft and durable to create breast forms, semi-solid to fill an implant, or tough to form the outer shell of an implant.

therapeutic mammoplasty

A breast reduction done at the same time as a lumpectomy.

tissue

A collection of cells that make up a part of the body.

TRAM flap reconstruction

A transverse rectus abdominis myocutaneous flap reconstruction. This is an operation that uses tissue and muscle from the tummy area to create a reconstructed breast.

volume replacement of miniflap

A procedure to place a small flap of muscle and tissue from the back into the breast to fill in an area where cancer has been removed.

Can't find what you're looking for?

For more cancer-related words, visit www.cancercouncil.com.au/words or www.cancervic.org.au/glossary.



How you can help

At Cancer Council we're dedicated to improving cancer control. As well as funding millions of dollars in cancer research every year, we advocate for the highest quality care for cancer patients and their families. We create cancer-smart communities by educating people about cancer, its prevention and early detection. We offer a range of practical and support services for people and families affected by cancer. All these programs would not be possible without community support, great and small.

Join a Cancer Council event: Join one of our community fundraising events such as Daffodil Day, Australia's Biggest Morning Tea, Relay For Life, Girls Night In and Pink Ribbon Day, or hold your own fundraiser or become a volunteer.

Make a donation: Any gift, large or small, makes a meaningful contribution to our work in supporting people with cancer and their families now and in the future.

Buy Cancer Council sun protection products: Every purchase helps you prevent cancer and contribute financially to our goals.

Help us speak out for a cancer-smart community: We are a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us improve cancer awareness by living and promoting a cancer-smart lifestyle.

Join a research study: Cancer Council funds and carries out research investigating the causes, management, outcomes and impacts of different cancers. You may be able to join a study.

To find out more about how you, your family and friends can help, please call your local Cancer Council.



Cancer Council Helpline 13 11 20

Cancer Council Helpline is a telephone information service provided by Cancer Council NSW for people affected by cancer.

For the cost of a local call (except from mobiles), you can talk confidentially with oncology health professionals about any concerns. Helpline consultants can send you information and put you in touch with services in your area. If you need information in a language other than English, an interpreting service is available.

You can call the Helpline, Monday to Friday, 9am to 5pm.

If you have difficulty communicating over the phone, contact the National Relay Service (www.relayservice.com.au) to help you communicate with a Cancer Council Helpline consultant.

For more information, go to www.cancercouncil.com.au.

Regional offices

Central and Southern Sydney

Woolloomooloo
02 9334 1900

Hunter and Central Coast

Charlestown
02 4923 0700

North Sydney

Crows Nest
02 9334 1600

Northern

Byron Bay
02 6639 1300

Southern

North Wollongong
02 4223 0200

Western

Wagga Wagga
02 6937 2600

Western Sydney

Parramatta
02 9354 2000



Cancer Council
Helpline

13 11 20

For support and information on cancer and cancer-related issues, call Cancer Council Helpline. This is a confidential service.

For further information and details please visit our website: www.cancerCouncil.com.au